PTO/SB/06(08-03)

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Substitute for Form PTO-875:								091835458		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OTHER THAN SMALL ENTITY		
FOR MANBER FILED MANBER EX			REXTRA.	RATE	FEE	:	RATE .	PEE		
	C FEE FR 1.16(a))						•	OR		.5
	AL CLAIMS FR J.16(d)		minus 20 =			x ss	• .	OR	X 1 0	
	PENDENT CLÁIL FR 1.16(b))	45	minus 3 = 1			× 8 0		·OR	× 4	·
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					110		OR:	+1	.:	
of the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL	•	OR:	TOTAL		
CLAIMS AS AMENDED - PART II										
321-06 (Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR .	OTHER SMALL		
NT	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL SEE		RATE	ADDI- TIONAL FEIL
ME	Total (37 CFR + ,14(ct)	20	Minus	-38	•	X 5 #	1.	OR	x s	
ENDMENT	Independent ()7 CFR 1,160()	. 1	Minus	10	•	x \$ =	: /	OR	x s*	
Ψ	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAN (37 CF	R 1,16(07)	+5		OR	+5+	
1210						TOTAL ADO'L FEE		OR	TOTAL ADOL FEE	
/-	51-0	(Column 1)		(Column 2)	(Cotumn 3)		:	· /	,	
AMENDMENT	<i></i>	CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	Y .	RATE	ADDI- TIONAL FEE
	Total .	30	Minus	-28	. 0		7	OR	X 5 =	
	independent (37 CFR 1,14(b))	· a	Minius	-6	0	x 5		OR	x s•	
	FIRST PRESENTATION OF LUCTURE DEPENDENT CLAM (3) CFR 1 1664					1.		OR	+5	
	1.1					TOTAL ADOL EE		On.	TOTAL ADD'L FEE	
1	olilo	7. (Column'i)	•	(Calumn 2)	(Column 3)		٠.	`	·	:
AMENDMENT	, , , , ,	CLAIMS REMAINING AFTER AMENDMENT		· HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TADNAL FEE		RATE	ADDI- TIONAL FEE
	Total '	28	Minus	38	•	<u> </u>	<u> </u>	OR	50.00	
	independent (3) CFR 1 14kgg	7	Minus	6	- /	100.00	100.0	1. ·	300.00) <u> </u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR + 16(6))					+1		OR	+ 3•	
\vdash	·.	-			TOTAL ADO'L FEE	100.0	on"	TOTAL ADO'L FEE		
the entry in column I is less then the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the Trignest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Clied Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.